

Applicant's Signature\_

## APPLICATION FOR ZONING VARIANCE

Department of Safety and Inspections 375 Jackson Street Suite 220 Saint Paul, MN 55101-1806

General: 651-266-9008 Fax: (651) 266-9099

Zoning office use only
File Number:
Fee: \$
Tentative Hearing Date:
Section(s)
City agent

	NameCompany	
	Address	
APPLICANT	City St Zip Daytime Phone	
	Property Interest of Applicant (owner, contract purchaser, etc)	
	Name of Owner (if different) Phone	
	Address / Location	
PROPERTY	Legal Description	
INFORMATION	(attach additional sheet if necessary)	
	Lot Size Present Zoning Present Use	
	Proposed Use	
	rroposed Use	
Variance[s] requ	sted:	
	nation: Supply the necessary information that is applicable to your variance request, provide details regarding the n why a variance is needed. Duplex/triplex conversions may require a pro forma to be submitted. Attach additional.	
Attachments as rea	quired: Site Plan Attachments Pro Forma	

\_\_\_\_ Date \_\_\_\_